

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7/21/05 2 Serial/Patent # 10/526,566

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing				\$
Amendment				\$
Extension of Time				\$
Notice of Appeal/Appeal				\$
Petition				\$
Issue				\$
Cert of Correction/Terminal Disc.				\$
Maintenance				\$
Assignment				\$
Other				\$

7 TOTAL AMOUNT OF REFUND	\$
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8 TO BE REFUNDED BY:

10 REASON:	Treasury Check
Overpayment	Credit Deposit A/C #:
Duplicate Payment	9 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> -- <input type="text"/> 4 <input type="text"/> 3 <input type="text"/> 7 <input type="text"/> 5
No Fee Due (Explanation):	

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BARBARA CAMPBELL

TITLE: _____

SIGNATURE: BBC

PHONE: 703 308-9140

ext 217

OFFICE: PCT/DO/EO

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

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Ref#: 07/21/2005 BCAMPBEL 0012263900
DR#: 194375 Name/Number: 10526566

FC: 9204 \$100.00 CR

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B